

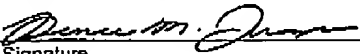
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TO: COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE		
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NO. OF PAGES: Cover + 5		
CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Renee M. Franks Typed/Printed Name  Signature July 26, 2006 Date	APPLICATION NO.	09/652,730
	FILING DATE	08/31/2000
	FIRST NAMED INVENTOR	William B. Boyle, et al.
	ART UNIT	2616
	CONFIRMATION NO.	3613
	EXAMINER	Christopher O. Onuaku
	ATTORNEY DOCKET NO.	K35A0665
TITLE	ELECTRONIC PROGRAM GUIDE SUBSYSTEM FOR RECEIVING AND PROCESSING ELECTRONIC PROGRAM GUIDE INFORMATION FROM A SET-TOP BOX	

ATTACHED WITH THIS SUBMISSION:

1. Transmittal Form (1 page)
2. Fee Transmittal Form (1 page)
3. Submission of Information Disclosure Statement Under 37 CFR 1.56, 37 CFR 1.97(c), and 37 CFR 1.98 (2 pages)
4. Information Disclosure Statement / Form PTO/SB/08 (1 page)

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PTO/SB/21 (09-04)

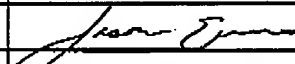
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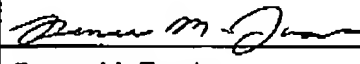
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/652,730
	Filing Date	08/31/2000
	First Named Inventor	William B. Boyle, et al.
	Art Unit	2616
	Examiner Name	Christopher O. Onuaku
	Attorney Docket Number	K35A0665
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Submission of Information Disclosure Statement Under 37 CFR 1.56, 37 CFR 1.97(c), and 37 CFR 1.98 (2 pages)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Western Digital		
Signature			
Printed name	Jason T. Evans, Esq.		
Date	July 26, 2006	Reg. No.	57,862

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Renee M. Franks	Date	July 26, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **180****Complete if Known**

Application Number	09/652,730
Filing Date	08/31/2000
First Named Inventor	William B. Boyle, et al.
Examiner Name	Christopher O. Onuaku
Art Unit	2616
Attorney Docket No.	K35A0665

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 23-1209 Deposit Account Name: WESTERN DIGITAL
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	50 =
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	200 =
HP = highest number of independent claims paid for, if greater than 3.		
		Multiple Dependent Claims
		Fee (\$)
		Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): Submission of Information Disclosure Statement (FC 1806)	180

SUBMITTED BY

Signature	<i>Jason Evans</i>	Registration No. (Attorney/Agent)	57,862	Telephone	(949) 672-9474
Name (Print/Type)	Jason T. Evans, Esq.	Date	July 26, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 26 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: William B. Boyle, et al.

Serial No.: 09/652,730

Filing Date: 08/31/2000

For: ELECTRONIC PROGRAM GUIDE
SUBSYSTEM FOR RECEIVING AND
PROCESSING ELECTRONIC PROGRAM
GUIDE INFORMATION FROM A SET-TOP
BOX

Art Unit: 2616

Examiner: Christopher O.
Onuaku

Confirmation No.: 3613

Docket No.: K35A0665

SUBMISSION OF INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §1.56
37 CFR §1.97(c) and 37 CFR §1.98Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In complying with the duty of disclosure set forth in 37 CFR §1.56, Applicants submit the enclosed Information Disclosure Statement. Applicants certify that no item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and no item of information contained in the Information Disclosure Statement was known to any individual designated in §1.56(c) more than three months prior to the filing of the Information Disclosure Statement.

Applicants respectfully request that the Examiner review all of the references submitted herewith and enter each as a matter of record herein. Applicants further request that a signed and initialed copy of the form PTO/SB/08 be returned to Applicants' mailing address.

07/27/2006 TL0111 00000072 231209 09652730

01 FC:1006 100.00 DA

Art Unit 2616

PATENT

Serial No. 09/652,730

Attorney Docket No.: K35A0665

The Commissioner is hereby authorized to charge payment of any fees associated with this Communication or credit any overpayment to Deposit Account No. 23-1209.

Respectfully submitted,

Date: July 26, 2006

By: _____

Jason T. Evans
Jason T. Evans, Esq.
Reg. No. 57,862

WESTERN DIGITAL TECHNOLOGIES, INC.
20511 Lake Forest Drive
Lake Forest, CA 92630
Tel.: (949) 672-7000
Fax: (949) 672-6604

PAGE 6/6 * RCVD AT 7/26/2006 1:43:00 PM (Eastern Daylight Time) * SVR:USPTO-EFXRF-3/18 * DNIS:2738300 * CSID:949 672 6626 * DURATION (mm:ss):02:10